



April 10-13, 2016



OFFICIAL SUPPLIER

**NORTH AMERICAN
LOGISTICS SERVICES INC.**

EXHIBIT TRANSPORTATION & CUSTOMS BROKERAGE SERVICES

FREIGHT SERVICES

In order to facilitate the most efficient and cost effective service possible, TPAC has appointed **North American Logistics Services, Inc. (NALSI)** as the **OFFICIAL EXHIBIT TRANSPORTATION CARRIER** for TPAC 2016 taking place at the **River Rock Casino Resort** over the dates of **April 10-13, 2016**. It is not compulsory to use NALSI, but it is recommended as NALSI will be on-site at the conference venue and this service will also facilitate only one invoice for both your transportation and customs clearance requirements.

Complete the enclosed **Order Form** and send to NALSI (Attention: Mark Fowler, E-mail: mfowler@nalsi.com, or Fax: 778-328-2845). Please contact NALSI as soon as possible to schedule the pick-up of your materials.

CUSTOMS BROKERAGE SERVICES

The service of a customs brokerage firm is strongly recommended by TPAC for all shipments originating outside of Canada. This will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation resulting in these same materials arriving too late or not at all. TPAC has appointed **North American Logistics Services, Inc. (NALSI)** as the **OFFICIAL CUSTOMS BROKER** for the TPAC 2016 taking place at the **River Rock Casino Resort** over the dates of **April 10-13, 2016**. NALSI staff will be on-site to assist exhibitors with their entry/import and return/export of goods.

TPAC and NALSI have officially registered the 2016 conference with the **Canada Border Services Agency (CBSA) International Events & Convention Services Program (IECSP)** so special duty & tax free importation privileges and the unique **"Border-to-Show"** service have been granted for the show.

NALSI is the authorized broker to customs clear all exhibit and display materials into Canada on a temporary basis right in the exhibit hall at the **River Rock Casino Resort**, and NALSI's professionally licensed customs brokers will be on-site operating a service desk in the exhibit hall to assist exhibitors with their entry/import and return/export of goods from move-in until move-out.

NALSI will post the required bonds and securities with Canada Customs; clear your materials through Canadian Customs; after the show prepare export documentation and bills of lading; and arrange U.S. customs clearance for return ground/air freight. If you are shipping from the U.S. please find attached U.S. CBP Form 4455 Certificate of Registration. Be sure to mark the following in the body of your Air Waybill or Bill of Lading: "U.S. Certificate of Registration Form 4455 attached. Goods MUST be presented for examination by U.S. Customs prior to export from the U.S.A. and certified copies must be given to NALSI at event site." Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** must be completed and sent to NALSI (Attention: Mark Fowler, E-mail: mfowler@nalsi.com, or Fax: 778-328-2845). Three copies must accompany the shipment.

Exhibitors using their own broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

Private Vehicles (PV)

With the introduction of AECI (Advance Electronic Cargo Information) on the U.S. side of the border, PAPS (Pre-Arrival Processing System) has become mandatory for most highway shipments entering the U.S. This program requires that all carriers/PV with commercial goods must fax shipment information to the Customs Broker at least 3 hours prior to their arrival at the border. The Customs Broker must then submit the shipment information, in the proper format, to U.S. Customs at least 1 hour prior to the carrier/PV arrival. Carriers who fail to meet AECI / PAPS requirements are subject to penalties. **Carrier/PV penalties are set at \$5,000.00 USD for the first infraction, and \$10,000.00 USD for each infraction thereafter.** If you plan to drive to the show with your goods, please contact NALSI at once for further instructions.

Please contact NALSI as soon as possible to arrange p/u of your materials and to ensure your transportation requirements are fulfilled and if you are shipping from outside Canada your customs documentation is completed in compliance with the Canada Border Services Agency's rules and regulations.

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**If you have a question or to receive a quote please contact:**

**Mark Fowler    Director of Operations**  
**Telephone:    778.328.2841**  
**E-mail:        [mfowler@nalsi.com](mailto:mfowler@nalsi.com)**

or

**Jeff Davis      Operations Manager**  
**Telephone:    778.328.2841**  
**E-mail:        [jdavis@nalsi.com](mailto:jdavis@nalsi.com)**

Quote ID# \_\_\_\_\_

FB# \_\_\_\_\_

## ORDER FORM: Customs Brokerage & Transportation Services

We wish to use North American Logistics Services for: (Please check one)

Customs Clearance & Transportation    
  Customs Clearance Only    
  Transportation Only    
  Advance Warehousing

### Section 1 - Exhibitor and Event Information

|                                                                    |                                                    |                |                              |
|--------------------------------------------------------------------|----------------------------------------------------|----------------|------------------------------|
| <b>Pick Up Address</b>                                             | <small>***Company name or facility name***</small> |                |                              |
|                                                                    | Location Name:                                     | Pickup Date:   | Time:                        |
|                                                                    | Address:                                           | City:          | Prov./State:     Postal/Zip: |
|                                                                    | Contact:     Phone #:                              | Email:         | US Tax #/EIN:                |
| <small>***Applicable only if pickup is from a tradeshow***</small> |                                                    |                |                              |
| Exhibitor Name:                                                    | Event Name:                                        | Event Date(s): | Booth #:                     |

|                                                                   |                                                    |                |                              |
|-------------------------------------------------------------------|----------------------------------------------------|----------------|------------------------------|
| <b>Delivery Address</b>                                           | <small>***Company name or facility name***</small> |                |                              |
|                                                                   | Location Name:                                     | Delivery Date: | Time:                        |
|                                                                   | Address:                                           | City:          | Prov./State:     Postal/Zip: |
|                                                                   | Contact:     Phone #:                              | Email:         | US Tax #/EIN:                |
| <small>***Applicable only if delivering to a tradeshow***</small> |                                                    |                |                              |
| Exhibitor Name:                                                   | Event Name:                                        | Event Date(s): | Booth #:                     |

Return freight same as pickup address If same, only complete pickup date/time information    
  Return services not required

|                                                                         |                                                    |                |                              |
|-------------------------------------------------------------------------|----------------------------------------------------|----------------|------------------------------|
| <b>Return Freight</b>                                                   | <small>***Company name or facility name***</small> |                |                              |
|                                                                         | Location Name:                                     | Pickup Date:   | Time:                        |
|                                                                         | Address:                                           | City:          | Prov./State:     Postal/Zip: |
|                                                                         | Contact:     Phone #:                              | Email:         | US Tax #/EIN:                |
| <small>***Applicable only if delivering to another tradeshow***</small> |                                                    |                |                              |
| Exhibitor Name:                                                         | Event Name:                                        | Event Date(s): | Booth #:                     |

### Section 2 - Carrier/ Shipment Information

| Name of carrier providing transportation services <input type="checkbox"/> NALSI <input type="checkbox"/> Other                                                                                                                                                                                                                   |                     |                                                                  |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------|--------------|
| Number of Pieces                                                                                                                                                                                                                                                                                                                  | Dimensions (inches) |                                                                  | Weight (LBS) |
| Carton/Boxes                                                                                                                                                                                                                                                                                                                      | L                   | W     H                                                          |              |
| Crates/Fiber Case                                                                                                                                                                                                                                                                                                                 | L                   | W     H                                                          |              |
| Skid/Pallet                                                                                                                                                                                                                                                                                                                       | L                   | W     H                                                          |              |
| Carpet/Other                                                                                                                                                                                                                                                                                                                      | L                   | W     H                                                          |              |
| <b>TOTAL</b>                                                                                                                                                                                                                                                                                                                      |                     |                                                                  |              |
| Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery                                                                                                                                                                                                                          |                     |                                                                  |              |
| 53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No    Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No    Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No    Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                                                                  |              |
| Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                     |                     | Declared Value: <small>***for insurance purposes only***</small> |              |
| Cargo Insurance (only to be completed when using NALSI Transportation) **Please note additional fee's will apply for insurance coverage**                                                                                                                                                                                         |                     |                                                                  |              |

### Section 3 - Terms of Payment and Security Deposit (Must be completed)

|                      |               |             |               |          |
|----------------------|---------------|-------------|---------------|----------|
| <b>Send Bill To:</b> | Company Name: | Address:    |               |          |
|                      | Address:      | Email:      | City:         |          |
|                      | Prov./State:  | Postal/Zip: | Contact Name: | Phone #: |

Invoices are processed electronically and transmitted to email provided.

|                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                    |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------|
| Charge to:                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard                                                                | <input type="checkbox"/> American Express |
| Cardholder Name:                                                                                                                                                                                                                                                                                                                                     | Card Account #:               | Expiry Date:                                                                                       | CVC #:                                    |
| Cardholder's Signature:                                                                                                                                                                                                                                                                                                                              | Email:                        | I hereby authorize the use of this credit card for payment of services related to this order form. |                                           |
| <input type="checkbox"/> OPTION #1    Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.                                                                                                                                                                                   |                               |                                                                                                    |                                           |
| <input type="checkbox"/> OPTION #2    Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5%administration fee will be added to invoices paid by credit card. |                               |                                                                                                    |                                           |

**Please complete, print, sign and return completed forms to**

**Toronto/Head Office**  
Tel: 905.951.1612

**Montreal/Eastern Region**  
Tel: 514.868.6650

**Calgary/Prairie Region**  
Tel: 855.328.2841

**Vancouver/Western Region**  
Tel: 778.328.2841



**CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES**

|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p>                                                                                                                                                      | <p>2 Date of Direct Shipment to Canada<br/>Date d'expédition directe vers le Canada</p> <p>3 Other References (Include Purchaser's Order No.)<br/>Autres références (inclure le no de commande de l'acheteur)</p>                                                                                                                                                                                                                                                                                                                       |
| <p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p>                                                                                                                                              | <p>5 Purchaser's Name and Address (if other than Consignee)<br/>Nom et Adresse de l'acheteur (s'il diffère du destinataire)</p> <p>No sale involved</p> <p>6 Country of Transshipment / Pays de transbordement</p> <p>N/A</p> <p>7 Country of Origin of Goods<br/>Pays d'origine des marchandises</p> <p style="font-size: small;">If shipment includes goods of different origins, enter origins against items in field 12.<br/>Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.</p> |
| <p>VII. 1 Is this a related company transaction?<br/>Est-ce que les compagnies sont liées entre elles?</p> <p>YES <input type="checkbox"/> OUI                      NO <input checked="" type="checkbox"/> NON</p> | <p>9 Condition of Sales and Terms of Payment<br/>(i.e. Sale, Consignment Shipment, Leased Goods, etc.)<br/>Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)</p> <p>No sale involved</p>                                                                                                                                                                                                                                                                          |
| <p>8 Transportation: Give Mode and Place of Direct Shipment to Canada<br/>Transport: Préciser mode et lieu d'expédition directe vers le Canada</p>                                                                 | <p>10 Currency of Settlement / Devises du paiement</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| 11 | No. of Pkgs.<br>Nbre.<br>De Collis | 12                                                                                                                                                                                                                                                                 | 13                                                   | Replacement Value<br>Valeur de Remplacement |       |
|----|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|-------|
|    |                                    | Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality)<br>Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité) | Quantity (State Unit)<br>Quantité (Préciser l'unité) | 14                                          | 15    |
|    |                                    |                                                                                                                                                                                                                                                                    |                                                      | Unit Price<br>Prix Unitaire                 | Total |
|    |                                    |                                                                                                                                                                                                                                                                    |                                                      |                                             |       |

|                                                                                                                                                                                                                                                                                                 |                                                         |                     |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------|-------------------------------------------------|
| <p>XI.1 Total Number of Pieces / Nombre total de pièces</p>                                                                                                                                                                                                                                     |                                                         |                     |                                                 |
| <p>18 If any fields of 1 to 17 are included on an attached commercial invoice, check this box<br/>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case</p> <p>Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/></p> | <p>16 Total Weight / Poids total</p> <p>Net<br/>N/A</p> | <p>Gross / Brut</p> | <p>17 Invoice Total<br/>Total de la facture</p> |

|                                                                                                                                                                                       |                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <p>19 Exporter's Name and Address (if other than Vendor)<br/>Nom et adresse de l'exportateur (s'il diffère du vendeur)</p> <p style="text-align: center;">Name:<br/>Tel:<br/>Fax:</p> | <p>20 Originator (Name and Address)<br/>Expéditeur d'origine (Nom et adresse)</p> <p style="text-align: center;">Name:<br/>Tel:<br/>Fax:</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                                                                                                                                                                      |    |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <p>21 Departmental Ruling (if applicable)<br/>Décision ministérielle (s'il y a lieu)      N/A</p> | <p>22 If fields 23 to 25 are not applicable, check this box<br/>Si les zones 23 à 25 sont sans objet, cocher cette case      <input checked="" type="checkbox"/></p> |    |
| 23                                                                                                | 24                                                                                                                                                                   | 25 |

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection  
**CERTIFICATE OF REGISTRATION**

19 CFR 10.8, 10.9, 10.68,  
148.1, 148.8, 148.32, 148.37

(NOTE: Number of copies to be submitted varies with type of transaction.  
Inquire at Port Director's office as to number of copies required.)

NO.

|               |                    |      |
|---------------|--------------------|------|
| VIA (Carrier) | B/L or INSURED NO. | DATE |
|---------------|--------------------|------|

|                                                                                                 |                                                                                                                                                         |                                                                                                           |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)             | ARTICLES EXPORTED FOR:                                                                                                                                  |                                                                                                           |
|                                                                                                 | <input type="checkbox"/> ALTERATION*<br><input type="checkbox"/> REPAIR*<br><input type="checkbox"/> USE ABROAD<br><input type="checkbox"/> REPLACEMENT | <input type="checkbox"/> PROCESSING*<br><input type="checkbox"/> OTHER, (specify) _____<br>_____<br>_____ |
| * NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty. |                                                                                                                                                         |                                                                                                           |

**LIST ARTICLES EXPORTED**

| Number Packages | Kind of Packages | Description |
|-----------------|------------------|-------------|
|                 |                  |             |

|                                                      |      |
|------------------------------------------------------|------|
| SIGNATURE OF OWNER OR AGENT (Print or Type and Sign) | DATE |
|------------------------------------------------------|------|

The Above-Described Articles Were:

|                          |      |                            |      |
|--------------------------|------|----------------------------|------|
| EXAMINED                 |      | LADEN under my supervision |      |
| DATE                     | PORT | DATE                       | PORT |
| SIGNATURE OF CBP OFFICER |      | SIGNATURE OF CBP OFFICER   |      |

**CERTIFICATE ON RETURN**

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (use reverse if needed)

|                                                |      |
|------------------------------------------------|------|
| SIGNATURE OF IMPORTER (Print or Type and Sign) | DATE |
|------------------------------------------------|------|

**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0010. The estimated average time to complete this application is 3 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.